

**State of Tennessee**  
**Department of Mental Health and Developmental Disabilities**  
**Division of Alcohol and Drug Abuse Services**

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**Tennessee Access to Recovery II**

**Policy: 1.1**

**Policy Name: Provider Authorization Procedure**

**Created: 2/22/08**

**Revised:**

**Purpose: To determine Provider eligibility for the Access to Recovery network**

Prior to delivering services, each provider must:

1. Complete a TN – ATR II application form and be authorized to provide services by the Division
2. Complete an Authorization to Vendor allowing the Division of Alcohol and Drug Abuse Services to issue payment for services rendered under Access to Recovery II
3. Complete an Agency and Facility Profile for each facility where ATR II services will be provided
4. Complete Division training for new providers
  - Administrative Training for Executive Directors
  - TN-WITS Computer Training for Key staff members
  - Attend other trainings as required

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**Tennessee Access to Recovery II**

**Policy: 1.2**

**Policy Name: Authorized Provider / General Requirements**

**Created: 2/22/08**

- 1) Sign the Division's Authorization to Vendor (ATV) purchase agreement
- 2) Participate in all Division TN-ATR II trainings and meetings
- 3) Offer consumers a genuine, free, and independent choice as to service provider
- 4) Screen consumers to assure they meet TN-ATR II eligibility requirements
- 5) Assure all consumers have received an appropriate assessment per TN-ATR II requirements
- 6) Enroll consumers for services, issue vouchers, report service encounters, and report GPRA data via the Division's web-based system (TN-WITS)
- 7) Monitor, collect, and report required GPRA consumer data in a timely manner
- 8) Collect and document random urine screens
- 9) Maintain strict confidentiality of consumer records and comply with HIPAA requirements regarding the electronic transmission of consumer information
- 10) Sign the TN-WITS user authorization statement

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**Tennessee Access to Recovery II**

**Policy: 1.3**

**Policy Name: Access to Recovery II Hotline Management**

**Created: 2/22/08**

**Purpose:**

- **To insure timely response to calls**
- **To document calls**

1. Designated Access to Recovery Specialist will answer Hotline calls as he/ she is available at station.
2. Designated ATR II Specialist will check Hotline voicemail at least twice daily.
3. Each call will be entered into the Hotline Logbook.
4. Designated ATR II Specialist will follow up with each call based on the specific need or request. If necessary, calls will be directed to the ATR II Program Director for follow up.
5. Outcome of each phone call will be documented in the ATR II Hotline Logbook.
6. Logbook will be reviewed on a periodic basis to determine how the hotline is being used and the effectiveness with which ATR II responds to requests.
7. In the event that the designated ATR II Specialist is absent another ATR II staff member will assume responsibility for the hotline.

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**Tennessee Access to Recovery II**

**Policy: 1.4**

**Policy Name: Access to Recovery II E-Mail Account Management**

**Created: 2/22/06**

**Purpose:**

- **To insure timely response to e-mail**
- **To document all electronic transactions**

1. Designated Access to Recovery II Specialist will check ATR II e-mail ([ATR.info@state.tn.us](mailto:ATR.info@state.tn.us)) at least twice daily
2. Each E-mail will be entered into the E-mail Logbook.
3. Designated ATR II Specialist will follow up with e-mail based on the specific need or request. If necessary, e-mails will be forwarded to the ATR II Program Director for follow up.
4. Outcome of each e-mail will be documented in the ATR II E-mail Logbook.
5. Logbook will be reviewed on a periodic basis to determine how the e-mail account is being used and the effectiveness with which ATR II responds to requests.
6. In the event that the designated ATR II Specialist is absent another ATR II staff member will assume responsibility for the e-mail account.
7. All e-mails, and their responses, will be archived at a minimum of 6 months.

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**Tennessee Access to Recovery II**

**Policy: 1.5**

**Policy Name: Consumer / Agency Complaint Procedure**

**Created: 2/22/08**

**Purpose:**

- **To insure consistent and timely processing of all complaints**

1. ATR II staff member receiving complaint will document complaint summary using the Consumer Complaint Summary form.
2. Summary Form will be accompanied by any documentation from TN-WITS pertinent to complaint.
3. TN-ATR II Program Director, or designated staff, will contact all parties involved via phone to provide each with a summary of complaint.
4. TN-ATR II Program Director, or designated staff, will schedule time to meet with agency against whom complaint has been filed.
5. TN-ATR II Program Director, or designated staff, will complete documentation of site visit indicating
  - which ATR II policies and procedures are applicable to situation
  - Any other questions necessary to secure information pertaining to complaint.
6. TN-ATR II Program Director, or designated staff, summarize findings using the Investigation Summary Form
7. TN-ATR II Program Director, or designated staff, will write and send letter of findings to agency.
8. If a corrective action plan is required- letter will indicate relevant ATR II policy and required corrective action
9. Letter will be sent to agency and a copy given to ATR II Specialist
10. After corrective action plan approved – agency will have 30 days to implement change
11. ATR II Specialist will conduct follow up visit to agency after 30 days to review implementation of corrective action plan.

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**Tennessee Access to Recovery II**

**Policy: 1.6**

**Policy Name: TN-ATR II Audit Support Procedure**

**Created: 2/22/08**

**Revised:**

**Purpose:**

- **Provide support to Division program monitors by ATR II Specialist for providers receiving findings during ATR II site visit.**
  - **Allow for audit follow-up visits to occur in a timely manner**
1. Division program monitors will maintain documentation (to be called ATR II Site Visit Tracking form) to include the following:
    - a. Agency name
    - b. Date site visit scheduled
    - c. Date site visit completed
    - d. Date monitoring report mailed to agency
    - e. Date Corrective Action Plan (CAP) due
    - f. Date CAP was issued
    - g. Date additional information requested (if applicable)
    - h. Date additional information received (if applicable)
    - i. Date CAP approved
    - j. Date follow up visit due
  2. ATR II Specialist will be responsible for supporting all of their assigned agencies during audit support process.
  3. ATR II Specialist will be responsible for maintaining documentation of all provider contact in regards to audit.
  4. ATR II Specialist will be responsible for communicating all pertinent information to Division program monitors and ATR II Program Director.
  5. ATR II Specialist will check ATR II Site Visit Tracking form at least once a week
  6. ATR II Specialist will make contact with provider at least 1 week prior to CAP due date.
  7. ATR II Specialist will provide technical assistance, as needed, in regards to completing CAP.
  8. Division program monitors will update ATR II Site Visit Tracking form once CAP is received.
  9. If CAP is not received by noon on the due date, ATR II Specialist will contact provider to see why the CAP has not been received. If the provider requests additional time to submit the CAP the consultant will inform the ATR II Program

Director who will make the final decision as to whether or not additional time is appropriate.

10. ATR II Specialist will notify the provider and Division program monitors if an extension has been authorized.
11. Division program monitors will update ATR II Site Visit Tracking form with date of CAP approval.
12. Division program monitors will enter the date for follow up visit on the ATR II Site Visit Tracking form. Follow up visit will be conducted no later than 60 days following date of CAP approval.
13. ATR II Specialist will contact provider and schedule follow up visit to occur no sooner than one week prior to due date and no later than one week after due date.
14. ATR II Specialist will send letter to provider confirming date, time and location of follow up visit. Prior to follow up visit, ATR II Specialist will obtain the following from the Division program monitors:
  - a. Copy of Provider Entrance letter
  - b. Copy of site visit findings
  - c. Copy of CAP
  - d. List of all charts reviewed during site visit
15. ATR II Specialist will review charts for consumers who have been admitted and / or received services since the approval date of the corrective action plan.
16. ATR II Specialist will review charts to insure all corrective action steps have been successfully completed
17. ATR II Specialist will document outcome of follow up visit
18. ATR II Specialist will submit letter to provider documenting outcome of follow up visit. If providers still has same deficiencies, as identified in CAP, letter will be sent requiring provider to meet with Division Management Staff.
19. ATR II Specialist will provide any technical assistance needed to bring provider into compliance with CAP.
20. In the event Provider does not submit CAP as requested:
  - a. ATR II Program Director will attempt to contact Agency Executive Director by telephone
  - b. ATR II Program Director will attempt to contact the provider by e-mail
  - c. If no response to above contacts within 2 days then ATR II Program Director will send notice via mail requesting a meeting with Executive Program Director of agency to resolve CAP
  - d. If provider does not respond to meeting request within time specified in the letter, the TN-ATR II authorization will be revoked and a letter sent notifying the Executive Director of same.

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**Tennessee Access to Recovery II**

**Policy: 2.1**

**Policy Name: Fraud, Waste and Abuse**

**Created: 2/25/08**

**Revised:**

**Purpose:**

- **To insure services are delivered under sound clinical, financial and business practices**
- **To provide fiscal stewardship to Access to Recovery II funds and other funding sources**
- **To insure Access to Recovery II consumers receive appropriate services and maintain a freedom of choice in where they receive those services.**

For the purposes of Access to Recovery II fraud, waste and abuse are defined as follows:

**Fraud:** includes, but is not limited to, intentional deceptions or representations that a consumer and/or provider knows to be false or does not believe to be true. The individual and/or agency makes deceptions or misrepresentations solely for the benefit of that individual/or agency.

*Examples: knowingly billing for services that were not rendered, knowingly billing multiple times for the same services, knowingly billing multiple funding resources for the same services, misrepresenting agency or staff qualifications to deliver services, a consumer permits another person to use his or her voucher.*

**Abuse:** includes, but is not limited to, a provider acting in a manner that goes against sound clinical, financial or business practices that results in the potential for client harm or unjustifiable program cost increases. It also includes behaviors on the part of the consumer that generates wastes of Access to Recovery II resources or unnecessary costs.

*Examples: referring consumers to services that are not indicated during their assessment, continuing to refer consumers to services that are no longer appropriate, a consumer who continually requests provider changes without valid reasons.*

**Waste:** includes, but is not limited to, circumstances when services are not rendered or consumer outcomes are not fulfilled in a cost-effective manner. These circumstances may occur due to fraud or abuse.

*Examples: rendering services when they are no longer necessary for a consumer's well-being, failing to bill other funding resources when appropriate.*

In order to prevent fraud, abuse and waste, Providers hold responsibilities including, but not limited to, the following:

1. Providers must meet Access to Recovery II provider eligibility requirements, based on the type of services they provide, which have been established to deliver sound clinical and business services. This will include, but is not limited to, appropriate licensure with the Tennessee Department of Mental Health and Developmental Disabilities and registration with the Secretary of State, documentation of agency policies and procedures, organizational structure and program plans.
2. Providers must report any changes in the conditions of ownership or leadership within their agency.
3. Providers must provide Access to Recovery II with an accurate and current listing of all key and direct service staff.
4. Providers must screen all potential consumers for eligibility for Access to Recovery II services.
5. Only authorized providers shall be permitted to conduct Access to Recovery II assessments allowing for accurate assessment of the level of care necessary for each consumer.
6. Providers must present, and review, the Consumer Rights and Responsibilities form to all Access to Recovery II consumers thus allowing for consumer freedom of choice.
7. Providers must request vouchers for each consumer based on the Access to Recovery II assessment outcome and only request vouchers that are deemed appropriate by the assessment.
8. Providers must be knowledgeable in the definition of all Access to Recovery II services to allow for appropriate voucher requests.
9. Providers must deliver services in a professional and ethical manner.
10. Providers must maintain documentation in consumer records to accurately reflect and support all services rendered under Access to Recovery II funding.
11. Providers must accurately track and report all service encounters.
12. Providers shall have the primary responsibility of insuring that Access to Recovery II funds do not replace any existing funding already in place within the agency.
13. Providers shall have the primary responsibility of insuring that Access to Recovery II service encounters are not billed to other funding resources and Access to Recovery II simultaneously.
14. Providers shall work with Tennessee Access to Recovery II to increase the total number of consumers served, services offered, and/or capacity throughout Tennessee during each fiscal year.

In order to prevent fraud, abuse and waste, Tennessee Access to Recovery II holds responsibilities including, but not limited to, the following:

1. Access to Recovery II shall only authorize those providers who meet Access to Recovery II eligibility criteria based on the type of services they are requesting to deliver under Access to Recovery II.
2. Access to Recovery II must implement and maintain a 1-800 hotline to allow consumers a means to report unprofessional, fraudulent behavior and to express concerns or receive information on Access to Recovery II services.
3. Access to Recovery II must review all voucher requests to insure that services are being requested based on an authorized assessment. Any questions or concerns with regards to the accuracy of a voucher request shall be addressed to the provider.

4. Access to Recovery II must review all submitted service encounters for billing accuracy and to reconcile them against all active vouchers issued to a consumer.
5. Access to Recovery II must issue providers a summary of billable encounters at a minimum of once a month, at the end of each month.
6. Any discrepancies or concerns in the reporting of billable service encounters must be conveyed to, and resolved with, the reporting agency.
7. Access to Recovery II must conduct on site audits for reasons to include, but not limited to: to verify that services are being delivered in a safe and professional manner, to examine consumer records for documentation of all services rendered and billed under Access to Recovery II funds.
8. To allow for management of Access to Recovery II funds and to monitor Access to Recovery II consumer outcomes, Access to Recovery II shall generate reports to monitor the following: referral patterns of providers, to ensure providers are paid only for services reported and rendered, to track the number of consumers served, to track the type of services being provided and the amount paid for those services.

In order to prevent fraud, abuse and waste, Consumers hold responsibilities including, but not limited to, the following:

1. Consumers must understand their rights and shall agree to their responsibilities as explained in the Consumer Rights and Responsibilities form.
2. Consumers shall utilize the Access to Recovery II hotline number to report any behavior that constitutes a violation of their rights or to report other circumstances of fraud, abuse and waste.
3. Consumers must not transfer their vouchers to any other person or entity.
4. Consumers must justify any request to change provider.

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**Tennessee Access to Recovery II**

**Policy: 2.2**

**Policy Name: Supplantation and Supplementation**

**Created: 2/25/08**

**Revised:**

**Purpose:**

- **To utilize Access to Recovery II funds to enhance and expand existing services.**
- **To utilize Access to Recovery II funds to increase the types of substance abuse services available to Tennessee consumers.**

For the purposes of Access to Recovery II supplantation is defined as using Access to Recovery II funding to replace other funding already in place.

For the purposes of Access to Recovery II supplementation is defined as using Access to Recovery II funding to enhance or expand existing services by supplementing the services offered under other funding sources or using Access to Recovery II funding to provide new services.

1. Access to Recovery II prohibits funds from being used to replace other substance abuse funding sources.
2. Access to Recovery II shall periodically audit it's providers to verify that non-Access to Recovery II clients are not being displaced by Access to Recovery II clients.
3. Access to Recovery II shall make available statistical data to verify an increase in consumers served, services offered, and/or capacity throughout the state of Tennessee as a result of additional funding through Access to Recovery II.

***Example of Supplantation:***

*Consumers at a local treatment agency are no longer billed to block grant funds. Instead all of the consumer costs are billed to Access to Recovery II. This results in the non-use of state block grant funds and no increase in the number of clients served.*

***Example of Supplementation:***

*A local treatment agency uses Access to Recovery II funding to provide services to consumers that are not covered by any other funding source. This results in the treatment agency being able to serve an increased number of consumers and/or an increase in the number of services offered.*

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**Tennessee Access to Recovery II**

**Policy: 2.3**

**Policy Name: Consumer Choice**

**Created: 2/25/08**

**Revised:**

**Purpose:**

- **To inform consumers of their right to choose an Access to Recovery II provider**
1. Provider must make sure that consumer understands his / her rights and responsibilities as explained on the Consumer Rights and Responsibilities form. This includes making the consumer aware of what Access to Recovery II services they are eligible for, and the providers that offer these services. Based on this information, the consumer must be allowed a free and independent choice as to a service provider.
  2. Consumer must sign the Consumer Rights and Responsibilities form indicating they understand their rights and responsibilities as explained on the Consumer Rights and Responsibilities form.

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**Tennessee Access to Recovery II**

**Policy: 2.4**

**Policy Name: General Consumer Eligibility**

**Created: 2/25/08**

**Revised:**

**Purpose:**

- **To determine consumer eligibility for Tennessee Access to Recovery II services**

1. Screener or consumer may complete Consumer Profile Form
2. Consumer must meet following criteria to receive services

- be a Tennessee resident AND
- be 18 years or older AND
- meet the annual income criteria as follows
  - 1 person family = \$29,147 or below
  - 2 person family = \$38,115 or below
  - 3 person family = \$47,084 or below
  - 4 person family = \$56,052 or below
  - 5 person family = \$65,020 or below
  - 6 person family = \$73,989 or below
  - 7 person family = \$74,998 or below
  - 8 person family = \$76,007 or below
  - 9 person family = \$77,016 or below
  - 10 person family = \$78,025 or belowAND
- have no private insurance coverage for the specific TN-ATR II treatment/recovery support services or private insurance coverage for the specific TN-ATR II treatment/recovery support services is exhausted. In considering private insurance coverage, TennCare coverage is excluded.

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**Tennessee Access to Recovery II**

**Policy: 2.5**

**Policy Name: Consumer Eligibility for Treatment Services**

**Created: 2/25/08**

**Revised:**

**Purpose:**

- **To determine consumer eligibility for Tennessee Access to Recovery II Treatment services**

All consumers must meet the following criteria:

- a. Be residents of Tennessee and age 18 and older, and
- b. Have median family income or below\* and no private insurance coverage for the required services or private insurance coverage for the required services has been exhausted, and
- c. Have an initial screening indicating the likelihood of current methamphetamine abuse or dependence requiring treatment services provided through ATR II covered services, and
- d. Have a comprehensive clinical assessment indicating the severity of the problems and the specific level of treatment services covered by ATR II, and
- e. Have a current primary or secondary methamphetamine abuse or dependency diagnosis.

\* Median family income based on family size:

- 1 person family = \$29,147 or below
- 2 person family = \$38,115 or below
- 3 person family = \$47,084 or below
- 4 person family = \$56,052 or below
- 5 person family = \$65,020 or below
- 6 person family = \$73,989 or below
- 7 person family = \$74,998 or below
- 8 person family = \$76,007 or below
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- 10 person family = \$78,025 or below

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**Tennessee Access to Recovery II**

**Policy: 2.6**

**Policy Name: Clinical Services Assessment**

**Created: 2/25/08**

**Revised:**

**Purpose: To assess all consumers entering Access to Recovery II clinical services to determine appropriate placement and level of care**

1. Tennessee Access to Recovery II screening tool must be completed prior to conducting clinical services assessment
2. Those consumers entering Access to Recovery II clinical services must be assessed using the ASI / ASAM Patient Placement Criteria tool
3. Assessment must be conducted prior to accessing other Access to Recovery II Services
4. If the consumer already has been clinically assessed using the ASI and ASAM Patient Placement Criteria for the current episode of care, or within the last 90 days, it is NOT necessary to do another assessment for ATR II services.
5. Qualified Alcohol and Drug personnel (licensed or being supervised by a licensed A&D professional) must conduct the assessment.
6. Provider must maintain documentation of assessment in consumer records.

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**Tennessee Access to Recovery II**

**Policy: 2.7**

**Policy Name: Recovery Support Services Assessment**

**Created: 2/25/08**

**Revised:**

**Purpose: To assess all consumers accessing only recovery support services**

1. Tennessee Access to Recovery II screening tool must be completed prior to conducting recovery support services assessment
2. Those consumers entering only recovery support services must be assessed using the Recovery Support Services Assessment  
This consists of:
  - Intake GPRA
  - Recovery Support Services Assessment Summary and Service Plan
3. Assessment must be conducted prior to accessing other Access to Recovery II Services
4. Staff qualification for conducting assessments will be determined by the agency governing body
5. Provider must maintain documentation of assessment in consumer records.

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**Tennessee Access to Recovery II**  
**Chart Documentation Policy**

**Policy: 2.8**

**Policy Name: Chart Documentation Policy**

**Created: 2/25/08**

**Revised:**

**Purpose:**

- **To define Access to Recovery II consumer chart documentation minimum requirements**
  - **To provide documentation of service delivery to be used during Access to Recovery II audits**
1. Access to Recovery II will require documentation of service delivery for each consumer.
  2. Documentation of services should be maintained in each consumer's file and includes, but is not limited to:
    - Copy of TN-ATR II Simple Screening Instrument and Scoring Summary
    - Copy of ASI/ASAM Assessment or Recovery Support Services Assessment and Service Plan
    - Consumer Profile Form
    - Release of Information Form
    - Consumer Rights and Responsibilities Form
    - GPRA Follow-Up Locator Form
    - Consumer Tracking Log (for follow up GPRA)
    - Service Notes, e.g., date of service, type of service, description of service, duration, group size, staff member name, etc. (may be documented on consumer encounter record in TN WITS)
    - Documentation of drug screen results
    - Documentation of correspondence with Access to Recovery II
  3. Access to Recovery II Providers will be required to make available the above documentation in the event of an audit.

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**Tennessee Access to Recovery II**

**Policy: 2.9**

**Policy Name: Consumer Eligibility for Recovery Support Services**

**Created: 2/25/08**

**Revised:**

**Purpose:**

- **To determine consumer eligibility for Tennessee Access to Recovery II Recovery Support services**

All consumers must meet the following criteria:

- a. Be residents of Tennessee and age 18 and older, and
- b. Have median family income or below\* and no private insurance coverage for the required services or private insurance coverage for the required services has been exhausted, and
- c. Have an initial screening indicating past or current substance abuse or dependence requiring recovery support services provided through ATR II, and
- d. Have an assessment indicating the severity of problems and which ATR II services are appropriate, and
- e. Currently require recovery support services to maintain their recovery and/or prevent a relapse.

\* Median family income based on family size:

- 1 person family = \$29,147 or below
- 2 person family = \$38,115 or below
- 3 person family = \$47,084 or below
- 4 person family = \$56,052 or below
- 5 person family = \$65,020 or below
- 6 person family = \$73,989 or below
- 7 person family = \$74,998 or below
- 8 person family = \$76,007 or below
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**Tennessee Access to Recovery II**

**Policy: 2.10**

**Policy Name: Transitional Housing Requirements and Approval Process**

**Created: 2/25/08**

**Revised:**

**Purpose:**

- **To insure community-based, safe and drug free housing for TN-ATR II consumers**
- **To maintain current and accurate records of transitional housing facilities approved for TN-ATR II voucher services**
- **To specify TN-ATR II requirements for transitional housing facilities and the approval process**

**I. Transition Housing Facility Requirements**

- A. All transitional housing facilities must meet the following requirements:
1. Facility must be owned or leased by the TN-ATR II provider delivering and billing for transitional housing service.
  2. Facility must be operated and staffed by the TN-ATR II provider delivering and billing for transitional housing service.
  3. Facility must be covered under liability insurance of the TN-ATR II provider delivering and billing for transitional housing service.
  4. Facility must meet all applicable zoning and occupancy code requirements.
  5. Facility must document and utilize policy and procedures that establish safe and drug free housing.
  6. Facility must meet all transitional housing guidelines as specified in the TN-ATR II Service Definition and Rates.

**II. To Request Approval of a Facility**

- A. TN-ATR II provider must complete and submit a *Transitional Housing Approval Request Form* for each facility to the TN-ATR II Program Director.
- B. TN-ATR II provider must submit all documentation requested by the *Transitional Housing Registration Request Form*.
- C. After all information is submitted, the TN-ATR II Program Director will schedule a walkthrough of the facility.
- D. Upon completion of the walkthrough, the TN-ATR II Program Director will review all information and will approve or deny the request.
- E. TN-ATR II provider will receive documentation of a final decision.

- F. Prior to receiving TN-ATR II approval, the TN-ATR II provider may not bill for any services delivered at facility. In accordance with TN-ATR II policy, services will become billable as of the day of approval. Services delivered prior to this date are not billable.
- G. TN-ATR II reserves the right to deny approval or to revoke approval for reasons including but not limited to failure to maintain compliance with any requirements listed in this policy.

### **III. For Approved Facilities**

- A. Any change in the status of an approved transitional living facility which impacts meeting any of the requirements in I.A. 1 through 6 above must be reported immediately to the TN-ATR II Program Director. Failure to report such changes could result in denial of payment for TN-ATR II voucher services and/or revocation of approval.
- B. Any consumer receiving transitional housing must use the following process when enrolling consumers in TNWITS:
  - a. Consumers must be enrolled under the facility that will be providing housing
  - b. All vouchers and service encounters for consumer must be entered under the facility that will be providing housing



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**Tennessee Access to Recovery II**

**Policy: 2.11**

**Policy Name: Recovery Support Services Assessment and Service Plan Policy**

**Created: 2/25/08**

**Revised:**

**Purpose:**

- **Insure TN-ATR II consumers are receiving appropriate ATR II services based on an assessment**
  - **To document the need for ATR II services in relation to assets and strengths in a consumers life**
  - **To document how selected ATR II services will be applied so as to remove barriers between consumers and recovery**
1. The Recovery Support Services Assessment and Service Plan must be completed for all TN-ATR II consumers who will be receiving recovery support services except those TN-ATR II consumers who have an ASI/ASAM completed for the current episode of care.
  2. Information for the Recovery Support Services Assessment and Service Plan will be collected from resources including the following:
    - TN-ATR II screening tool
    - Recovery Support Service Assessment / Intake GPRA
    - Individual interview with Consumer
  3. Upon completing the items listed in #2 the provider must document all of the consumers assets in the space provided. Assets are defined as any items/situations supporting the consumer in their recovery.
  4. Upon completing the items listed in #2 the provider must document all of the consumers risk factors in the space provided. Risk factors are defined as any item / situation presenting a barrier between the consumer and recovery. Documentation must include the exact nature of the risk factor's impact on the consumer's recovery.
  5. Based on the consumer's assets and risk factors the provider must select those services appropriate to the consumers needs.
  6. For each service to be requested from TN-ATR II the provider must document
    - The specific service needed, who will provide the services, and its frequency and duration
    - The steps taken to secure that service
    - Specific tasks/goals that will be accomplished by utilizing that service in relation to the identified assets and risk factors
  7. Following the assessment process and the initial TN-ATR II service selection, the provider must follow the process in #6 for each new TN-ATR II service that is requested.
  8. The Recovery Support Services Assessment and Service Plan must be kept current and filed in the consumer's chart.

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**Tennessee Access to Recovery II**

**Policy: 3.1**

**Policy Name: Government Performance and Results Act Data Collection (GPRA)**

**Created: 2/25/08**

**Revised:**

**Purpose:**

- **To evaluate effectiveness of Tennessee Access to Recovery II**
  - **To collect data required by Federal Government**
1. Designated provider must conduct GPRA.
  2. GPRA must be conducted during a face to face meeting with consumer
  3. GPRA must be conducted at the following intervals:
    - Initial GPRA: Complete upon intake
    - Discharge GPRA: At discharge
    - 6 Month Follow Up: 6 Months after intake GPRA
  4. Please complete Section A each time the GPRA is conducted
  5. Each question must have a response. If the question does not apply to the consumer, please fill in the blank with “Don’t Know” or a 0.
  6. Only one response per question may be recorded. If a consumer provides more than one answer please choose the one that best applies to the question.
  7. Answers involving numbers must be given in terms of whole numbers.
  8. Provider must maintain copies of all GPRA’s in a consumer’s records.

State of Tennessee  
Department of Mental Health and Developmental Disabilities  
Division of Alcohol and Drug Abuse Services

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**Tennessee Access to Recovery II**

**Policy: 3.2**

**Policy Name: Consumer Screening and Eligibility Determination**

**Created: 2/25/08**

**Revised:**

**Purpose:**

- **Determine if the consumer is eligible for TN-ATR II services**
- **Determine the consumer's degree of risk for substance abuse/addiction problems**
- **Assist provider decision as to whether the consumer needs a clinical or recovery support services assessment.**

- 1) Screen the consumer to determine if they are eligible for TN-ATR II services. The consumer must meet all of the criteria as follows to receive ATR II services:
  - a. be a resident of Tennessee AND
  - b. be age 18 or older AND
  - c. meet the annual income criteria as follows:
    - 1 person family = \$29,147 or below
    - 2 person family = \$38,115 or below
    - 3 person family = \$47,084 or below
    - 4 person family = \$56,052 or below
    - 5 person family = \$65,020 or below
    - 6 person family = \$73,989 or below
    - 7 person family = \$74, 998 or below
    - 8 person family = \$76,007 or below
    - 9 person family = \$77,016 or below
    - 10 person family = \$78,025 or belowAND
  - d. have no private insurance coverage for A&D treatment/recovery support services or private insurance coverage for A&D treatment/recovery support services is exhausted. In considering private insurance coverage, TennCare coverage is excluded.
- 2) Complete the **TN-ATR II Simple Screening Instrument for Alcohol and Other Drug Abuse** on the consumer regardless of whether he/she meets the basic eligibility criteria above or not.
- 3) The screener must explain the instructions for completing the form to the consumer. If the consumer is unable to read or otherwise not able to complete the form on their own, the screener should read the questions to the consumer and record their answers. If they are able, the consumer may complete this form on their own. Following completion of the

form, the screener should score the items and record their observations. See the form for an explanation of how to score the responses.

- 4) Scores should be interpreted as described below:
  - a. Consumers who score 0 or 1 and who answer NO to question 15 a. are at no risk for alcohol and other drug abuse/addiction and do not require services to maintain their sobriety therefore they are not eligible for ATR services.
  - b. Consumers who meet all the basic eligibility criteria in #1 above AND who score 0 or 1 and answer YES to questions 15 and 15a. are at low risk for substance abuse/addiction and should be referred for a clinical or recovery support services assessment as appropriate. Refer for either a clinical or recovery support services assessment based on all information available.
  - c. Consumers who meet all the basic eligibility criteria in #1 above AND who score 2 or 3 are at minimal risk for substance abuse/addiction and should be referred for a clinical or recovery support services assessment as appropriate. Refer for either a clinical or recovery support services assessment based on all information available.
  - d. Consumers who meet all the basic eligibility criteria in #1 above AND who score 4 and above are at moderate to high risk for substance abuse/addiction. A score in this range indicates the possible need for a clinical assessment to determine the severity of problems and the possible need for treatment. Refer for either a clinical assessment or a recovery support services assessment based on all information available.
  - e. Consumers who do not meet one or more of the eligibility criteria in #1 above are NOT eligible for TN-ATR II services. However, depending on their screening score, these individuals may need to be referred for further assessment or given the TN REDLINE toll-free number to call for referral to an assessment provider.
  
- 5) For any consumer who has a score of 4 or above, the Screener must complete the Screener's Referral Outcome indicating the steps taken to inform the consumer of the need for a clinical assessment, consumer's choice and any referrals made for clinical services.
  
- 6) The Screening Tool must be filed in the consumer's chart.